

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**POWER OF ATTORNEY (POA)**

<b>NOTE</b>	All applicable items <u>must be filled in</u> to properly complete Form DP-2848 New Hampshire Power of Attorney. An incomplete form will prohibit direct communication between the Department and the appointee.
<b>NEED HELP</b>	Any questions regarding completion of Form DP-2848 Power of Attorney should be directed to: Customer Service at: (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.
<b>SECTION 1</b>	Enter the complete taxpayer's name, address including ZIP code, and federal identification number, social security number or department Identification number if appropriate. Any DRA issued license or registration number of the taxpayer should also be included in this section.
<b>SECTION 2</b>	Enter the name, address, including ZIP code, and telephone number of the appointee. If the name of a firm is indicated, then the Department will be authorized to correspond directly with anyone in that firm. If an individual(s) is indicated, the department will be authorized to correspond directly with the individual(s) named only. A firm name that is part of an individual's address does not mean that the employees of the firm can represent the taxpayer.
<b>SECTION 3</b>	A brief description or listing of the returns and/or tax matters at issue. Example: 2002 and 2003 New Hampshire Corporation Business Tax Returns, 2005 New Hampshire Interest & Dividends Tax Return, or All New Hampshire tax matters, etc.
<b>SECTION 4</b>	One of the two boxes <b>MUST BE CHECKED</b> . The first box should be checked if the taxpayer wants the representative to be able to receive confidential information as well as perform on behalf of the taxpayer for all acts necessary for the tax matters at issue. The second box should be checked if the taxpayer wants the representative to receive confidential information only.
<b>SECTION 5</b>	This Power of Attorney form will revoke all prior power of attorney authorizations relating to the specific tax matters referenced in section 3 above, unless prior appointees are excepted here. If a prior POA was completed for a CPA and the taxpayer completes a second POA to add an attorney, the prior POA will automatically be revoked unless the CPA's name is again entered in this section.
<b>SECTION 6 PART A</b>	The taxpayer is required to sign, in ink, and date the POA. The <b>original</b> signed form POA must be sent to the Department at the address below.
<b>SECTION 6 PART B</b>	If the appointee is someone <u>other than a CPA, an attorney, or the preparer of the subject tax returns</u> , the form needs to be signed, in ink, and dated by two witnesses. The original signed POA should be mailed to the address below.

**SECTION 1** Name, address including ZIP code and identifying number of taxpayer(s):

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**SECTION 2** I/We hereby appoint [name, address including ZIP code and telephone number of appointee(s)]:

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**SECTION 3** As attorney(s)-in-fact to represent the taxpayer(s) before the Department of Revenue Administration of the State of New Hampshire with respect to:

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**SECTION 4**

Said attorney(s)-in-fact shall, subject to revocation, have authority to receive confidential information and full power to perform on behalf of the taxpayer(s) all acts necessary with respect to above tax matters.

Said attorney(s)-in-fact shall, subject to revocation, have authority to receive or inspect confidential tax information only.

**SECTION 5** This power of attorney revokes all prior powers of attorney relating to the above taxable period except:

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**SECTION 6, PART A** SIGNATURE (IN INK) OF THE TAXPAYER(S): If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

**X** \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (in ink) Title Date

FOR DRA USE ONLY

**SECTION 6, PART B** IF THE POWER OF ATTORNEY IS GRANTED TO A PERSON OTHER THAN AN ATTORNEY, CERTIFIED PUBLIC ACCOUNTANT OR THE PREPARER OF SUBJECT TAX RETURN(S), IT MUST BE WITNESSED BELOW.

The person signing as or for the taxpayer(s) is known to and signed (in ink) in the presence of the two disinterested witnesses whose signatures appear here:

\_\_\_\_\_ Date \_\_\_\_\_ Witness Signature (in Ink) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature (in ink) Date Witness Signature (in Ink) Date

**Mail To:** NH Dept of Revenue Administration, Audit Division, PO Box 457, 45 Chenell Drive, Concord, NH 03302-0457